PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN	Attorney Docket Num First Named Inventor			
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)  Declaration Submitted With Initial Filing  (37 CFR 1.63)  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number	1		
	Filing Date	May 27, 2005		
	Group Art Unit			
	Examiner Name			

As a balance and the second se					
As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
and for which a patent is sought on the invention entitled:					
MULTI-SENSOR BABY CARE MONITORING SYSTEM					
MOTITION DAD LOAKE MOMITORING 2121FM					
the specification of which (Title of the Invention)					
is attached hereto	·	,			
OR					
Application Number PCT/US03/37887 and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.					
Lacknowledge the duty to disclose information which is material to natentability as defined in 37 CER 1.56 including for continuation is and					
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant					
States of America, listed below and have also identified below by checking the box any foreign application(s) for potent invariance and listed below and have also identified below by checking the box any foreign application(s) for potent invariance and listed below.					
breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application		Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?	
Number(s)	Country	(MM/DD/YYYY) Country		YES	NO
60/337,189	USA	12//01/2001			$\boxtimes$
10/306,961	USA	11/29/2002			$\boxtimes$
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
Service of the servic					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application Direct all correspondence to: Customer Number 00616 Correspondence address below or Bar Code Label Name **Address** ZIP City State Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Gabriel Given Name Michael Lynn or Surname (first and middle [if any]) Date May 26, 2005 Signature California USA USA Redwood City Citizenship Country Residence: City State 30 South El Camino Real, #104 **Mailing Address** USA 94401 California San Mateo State Zip Country City NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name or Surname (first and middle [if any]) Inventor's Signature Citizenship Residence: City State Country **Mailing Address** Country City supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. Additional inventors are being named on the

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## **CORRESPONDENCE ADDRESS INDICATION FORM**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	05/27/2005
	First Named Inventor	Michael Lynn Gabriel
	Title	MULTI-SENSOR BABY CARE
	Art Unit	
	Examiner Name	
	Attorney Docket Number	2741-002 US

I hereby appoint:				
	00616			
Practitioners associated with the Customer Number:	00010			
OR				
Practitioner(s) named below:				
	Registration Number			
Name .	Registration number			
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact all business in the United States Patent and			
Please recognize or change the correspondence address for	the show identified application to:			
	the above-recitined application to:			
The address associated with the above-mentioned	Customer Number:			
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The address associated with Customer Number:				
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Individual Name				
Address				
Address				
City	State Zip			
Country				
Telephone	Fax			
Lam the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Name Michael Lynn Gabriel				
Signature Washail From Calvise				
Date May 26, 2005	Telephone 650 558-0900			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
forms if more than one signature is required, see below*.				
Total of forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.